

**PAYROLL**

(For Contractor's Optional Use: See Instructions, Form WH-347 Inst.)

*Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number*

Rev. April 2006

NAME OF CONTRACTOR		OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		2378 Dane Hill Road West Charleston, CA 05872		OMB No.: 1215-0149																	
Your Company Name								Expires: 4/30/2009																	
PAYROLL No. 2		FOR WEEK ENDING 01/10/04		PROJECT AND LOCATION				PROJECT/CONTRACT NO.																	
				Project Number Taxable Job Testing Project Location Street City, CA 25510				marked as non-reporting																	
(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE		(3) WORK CLASSIFICATION		Overtime or Straight Time		(4) DAY AND DATE							(5) TOTAL HOURS		(6) RATE OF PAY/CASH FRINGES		(7) GROSS AMOUNT EARNED - THIS JOB/ALL JOBS		(8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS					(9) NET WAGES PAID FOR WEEK	
						Sun	Mon	Tue	Wed	Thu	Fri	Sat							FICA	STWH	OTHER	TOTAL DEDUCTIONS			
						1/4	1/5	1/6	1/7	1/8	1/9	1/10													
						HOURS WORKED EACH DAY																			
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No Work Performed

**OTHER DEDUCTIONS KEY CODING:**  
 #1 Child Support                      #2 Union Dues  
 #3 Medical                                #4 Garnishments